

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 4																																															
<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE07-03-D-N060			<b>2. DELIVERY ORDER/CALL NO.</b> 0002		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2003OCT22		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DXA4																																																
<b>6. ISSUED BY</b> TACOM WARREN BLDG 231 AMSTA-AQ-AHPA VERONICA JAROMA (586)574-8079 WARREN, MICHIGAN 48397-5000 EMAIL: JAROMAV@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			<b>CODE</b> W56HZV		<b>7. ADMINISTERED BY (If other than 6)</b> DCMA DAYTON AREA C, BUILDING 30 1725 VAN PATTON AVENUE WRIGHT PATTERSON AFB, OH 45433-5302  SCD: A PAS: NONE ADP PT: HQ0337			<b>CODE</b> S3605A		<b>8. DELIVERY FOB</b>  <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)																																															
<b>9. CONTRACTOR</b>  CRANE PUMPS& SYSTEMS INC 420 3RD ST PIQUA, OH. 45356-3918  NAME AND ADDRESS  TYPE BUSINESS: Large Business Performing in U.S.			<b>CODE</b> 96046		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X IF BUSINESS IS</b> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED																																															
<b>12. DISCOUNT TERMS</b> Net 30 Days			<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15																																																						
<b>14. SHIP TO</b> SEE SCHEDULE			<b>CODE</b>		<b>15. PAYMENT WILL BE MADE BY</b> DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266				<b>CODE</b> HQ0337		<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center; vertical-align: middle;"><b>16. TYPE OF ORDER</b></td> <td style="width:10%; text-align: center;"><b>DELIVERY/ CALL</b></td> <td style="width:5%; text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td style="text-align: center;"><b>PURCHASE</b></td> <td></td> <td colspan="9" style="padding: 5px;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</td> </tr> <tr> <td colspan="11" style="padding: 5px;">furnish the following on terms specified herein.</td> </tr> <tr> <td colspan="12" style="padding: 5px;">ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</td> </tr> </table>												<b>16. TYPE OF ORDER</b>	<b>DELIVERY/ CALL</b>	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.									<b>PURCHASE</b>		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.									furnish the following on terms specified herein.											ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
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<table style="width:100%;"> <tr> <td style="width:30%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width:30%; text-align: center;">SIGNATURE</td> <td style="width:30%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width:10%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> </table> <p><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</p>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)																																										
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<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b>  SEE SCHEDULE																																																									
<b>18. ITEM NO.</b>		<b>19. SCHEDULE OF SUPPLIES/SERVICE</b>				<b>20. QUANTITY ORDERED/ ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>																																														
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders																																																							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						<b>24. UNITED STATES OF AMERICA</b> RONALD KRAUS /SIGNED/ KRAUSR@TACOM.ARMY.MIL (586)574-7158 BY: _____ CONTRACTING/ORDERING OFFICER				<b>25. TOTAL</b> \$648,218.82																																															
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED																																																									
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>																																																	
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>																																															
<b>f. TELEPHONE NUMBER</b>						<b>g. E-MAIL ADDRESS</b>																																																			
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>						<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>																																															
<b>a. DATE (YYYYMMDD)</b>						<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>																																																			
						<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>31. PAYMENT</b>		<b>34. CHECK NUMBER</b>																																															
										<b>35. BILL OF LADING NO.</b>																																															
<b>37. RECEIVED AT</b>		<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>		<b>42. S/R VOUCHER NO.</b>																																															

**Name of Offeror or Contractor:** CRANE PUMPS& SYSTEMS INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0011	NSN: 2590-01-471-7766 FSCM: 19207 PART NR: 12472702 SECURITY CLASS: Unclassified				
0011AB	PRODUCTION QUANTITY  NOUN: VALVE KIT, BATTLE OVERRIDE PRON: EH43S110EH      PRON AMD: 01      ACRN: AA AMS CD: 070011  <u>Description/Specs./Work Statement</u> TOP DRAWING NR: TDPL 12472702 DATE: 31-OCT-2002  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: MIL-STD-2073-1D LEVEL PRESERVATION: Military LEVEL PACKING: B  <u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                          SUPPL <u>REL_CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG_CD</u> <u>MARK FOR</u> <u>TP_CD</u> 001   W56HZV3282S855   W31G1Z     J                          1 <u>DEL_REL_CD</u> <u>QUANTITY</u> <u>DEL_DATE</u> 001                          150                          30-MAY-2004  002                          150                          30-JUN-2004  003                          150                          30-JUL-2004  004                          150                          30-AUG-2004  005                          150                          30-SEP-2004  006                          150                          30-OCT-2004  007                          75                          30-NOV-2004  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W31G1Z)    XR W0L7 ANNISTON MUNITIONS CENTER TRANS OFFICER 256 235 6837 CL V 7 FRANKFORD AVE BLDG 380 ANNISTON                          AL 36201-4199	975	EA	\$ 598.54000	\$ 583,576.50

Name of Offeror or Contractor: CRANE PUMPS& SYSTEMS INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011AC	<div><div>CONTRACT/DELIVERY ORDER NUMBER DAAE07-03-D-N060/0002</div><div>PRODUCTION QUANTITY</div><div>NOUN: VALVE KIT, BATTLE OVERRIDE PRON: EH4RA023EH PRON AMD: 01 ACRN: AA AMS CD: 070011</div><div>Description/Specs./Work Statement TOP DRAWING NR: TDPL 12472702 DATE: 31-OCT-2002</div><div>Packaging and Marking PACKAGING/PACKING/SPECIFICATIONS: MIL-STD-2073-1D LEVEL PRESERVATION: Military LEVEL PACKING: B</div><div>Inspection and Acceptance INSPECTION: Origin ACCEPTANCE: Origin</div><div>Deliveries or Performance DOC SUPPL REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD 001 W56HZV3282S854 W31G1Z J 1 DEL REL CD QUANTITY DEL DATE 001 108 30-NOV-2004</div><div>FOB POINT: Origin</div><div>SHIP TO: FREIGHT ADDRESS (W31G1Z) XR W0L7 ANNISTON MUNITIONS CENTER TRANS OFFICER 256 235 6837 CL V 7 FRANKFORD AVE BLDG 380 ANNISTON AL 36201-4199</div><div>CONTRACT/DELIVERY ORDER NUMBER DAAE07-03-D-N060/0002</div></div>	108	EA	\$ 598.54000	\$ 64,642.32

Name of Offeror or Contractor: CRANE PUMPS& SYSTEMS INC

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ ITEM	OBLG ACRN	STAT	ACCOUNTING CLASSIFICATION	JOB ORDER NUMBER	ACCOUNTING STATION	OBLIGATED AMOUNT
0011AB	EH43S110EH 070011	AA	2	97 X4930AC6D 6D	26FB S20113	W56HZV \$	583,576.50
0011AC	EH4RA023EH 070011	AA	2	97 X4930AC6D 6D	26FB S20113	W56HZV \$	64,642.32
						TOTAL \$	648,218.82
SERVICE	NAME	TOTAL BY ACRN	ACRN	ACCOUNTING CLASSIFICATION	ACCOUNTING STATION	OBLIGATED AMOUNT	
Army		AA	2	97 X4930AC6D 6D	26FB S20113	W56HZV \$	648,218.82
						TOTAL \$	648,218.82